Introduced by Senator Lowenthal

February 21, 2006

An act to add Section 4098.6 to amend Section 4098 of, and to add Section 4098.6 to, the Welfare and Institutions Code, relating to suicide prevention.

LEGISLATIVE COUNSEL'S DIGEST

SB 1356, as amended, Lowenthal. Suicide prevention: report to Legislature. prevention.

Existing law, the California Suicide Prevention Act of 2000, authorizes the State Department of Mental Health to establish and implement a suicide prevention, education, and gatekeeper training program to reduce the severity, duration, and incidence of suicidal behaviors.

This bill would require the department to include a discussion of suicide prevention in its reports to the Legislature on mental health issues

This bill would establish the California Suicide Prevention Act of 2006, and would require, by May 1, 2008, the State Department of Mental Health, in consultation with specified state departments, to adopt and administer a statewide strategic suicide prevention plan developed by the Suicide Prevention Advocacy Network-California.

This bill would make revisions to legislative findings and declarations in existing law regarding the suicide problem in California.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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The people of the State of California do enact as follows:

SECTION 1. Section 4098 of the Welfare and Institutions Code is amended to read:

- 4098. The Legislature finds and declares all of the following:
- (a) The Surgeon General of the United States has described suicide prevention as a serious public health priority, and has called upon each state to develop a strategy for statewide comprehensive suicide prevention strategy using a public health approach. Suicide now ranks eighth among causes of death.
- (b) In 1996, 3,401 2003, 3,389 Californians lost their lives to suicide, an average of *over* nine *California* residents per day. It is estimated that there are between 75,000 and 100,000 suicide attempts in California every year. 11—Eleven percent of all suicides in the nation take place in California.
- (c) Among older adults, suicide rates are increasing, making suicide the leading fatal injury among the elderly population in California. In California, the rate of completed suicide among adults 75 years of age or older is over twice the rate of other age groups. As the proportion of California's population age 75 years and over increases, the number of suicides among persons in this age group will also increase unless an effective suicide prevention strategy is implemented.
- (d) Adolescents are far more likely to attempt suicide than their older other age groups in California—counterparts. Data indicate that there are 100 attempts for every adolescent suicide completed. In-1996, 207 2003, 198 California—youth youths under the age of 21 years died by suicide. Using this estimate, there were likely more than 20,000 suicide attempts made by California adolescents, and or approximately 20 percent of all the estimated suicide attempts that occurred in California.

(d)

- (e) Of all of the violent deaths associated with schools nationwide since 1992, 14 percent were suicides.
 - (e) Homicide and suicide ranks as
- (f) Suicide is the third-and fifth leading-causes cause of death for youth, respectively. Both are preventable. While the between the ages of 15 to 24 years. While the death rates for unintentional injuries decreased by more than 40 percent between 1979 and 1996, the death rates for homicide and suicide increased for

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youth. Evidence is growing in terms of the links between suicide and other forms of violence. This provides compelling reasons for broadening the state's scope in identifying risk factors for self-harmful behavior. The number of estimated youth suicide attempts; and the growing concerns of youth violence can best be addressed through the implementation of successful gatekeeper training programs to identify and refer youth at risk for self-harmful behavior.

(f)

- (g) The American Association of Suicidology (AAS) conservatively estimates that the lives of at least six persons related to or connected to individuals who attempt or complete suicide are impacted. Using these estimates, in 1996 2003, more than 600,000 Californians, or 1,644 individuals per day, struggled to cope with the impact of suicide.
 - (g) Restriction of
- (h) Decreases in alcohol and drug abuse, as well as decreases in access to lethal means, significantly—reduces reduce the number of-successful suicides.

(h)

(i) Actual—incidents incidences of suicide attempts are expected to be higher than reported because attempts not requiring medical attention are less likely to be reported. The underreporting of suicide completion is also likely since suicide classification involves conclusions regarding the intent of the deceased. The stigma associated with suicide is also likely to contribute to underreporting.

(i)

- (j) Without interagency collaboration and support for proven, community-based, culturally competent suicide prevention and intervention programs, the incidence of occurrences of suicide are is likely to rise.
- (k) Emerging data on dates of suicide based on gender, ethnicity, age, and geographic areas demand a new strategy that responds to the needs of a diverse population.
- (1) The United States Surgeon General has recommended that each state develop a statewide comprehensive suicide prevention strategy.
- 39 SEC. 2. Section 4098.6 is added to the Welfare and 40 Institutions Code. to read:

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1 4098.6. (a) This section shall be known and may be cited as the California Suicide Prevention Act of 2006.

- 3 (b) On or before May 1, 2008, the department shall, in consultation with representatives of the State Department of 4 Health Services, State Department of Alcohol and Drug 5 Programs, State Department of Social Services, State 7 Department of Education, the California Department of Aging, the Board of Corrections, and the Department of the Youth Authority, and representatives of county mental health and health departments and local law enforcement adopt and implement the 10 statewide strategic plan developed by the Suicide Prevention 11 Advocacy Network-California. The department may use 12 consultant services for this purpose. 13
 - (c) The department shall, when implementing the statewide strategic plan, consider the goals and objectives of the United States Surgeon General's National Strategy for Suicide Prevention and the Suicide Prevention Advocacy Network-California.
 - (d) The department may, in the implementation of the statewide strategic plan, review the missions, as provided in statute, of major state mental health, health, aging, and school mental health programs and recommend, as necessary and appropriate, statutory changes to include suicide prevention in the mission statement of those programs.
 - SECTION 1. Section 4098.6 is added to the Welfare and Institutions Code, to read:
- 27 4098.6. The department shall include a discussion of suicide 28 prevention in its reports to the Legislature on mental health 29 issues.